

HAAL Pass Opt-Out Form

If you would like your child to participate in HAAL Pass, then you do not need to do anything. Your child will automatically be enrolled.

If you do not want your child to participate, then please complete this opt-out form and return it to any Library branch.

Student's Name (Please print)

School

Student ID Number

Parent or Guardian's Name (Please print)

Phone Number

By signing this form, I understand my child will not have a HAAL Pass public library account. I also understand that by signing this form my child will not be able to participate in classroom use of public library resources unless they have a Hillsborough County Public Library card and know the full card number and PIN.

Parent or Guardian's Signature

Date





